

City of Rocky Mount
Inspection Services
Electrical
Permit Application
Fee Type (Non-Residential)

Applicant Name			Date
Project Address		Subdivision	
Developer		Telephone	
Property Owner		Telephone	
Electrical Contractor		State License #	
Address			
City	State	Zip Code	Telephone
Project Supervisor		Telephone	
Description of Work			
Type of work (check all that apply)			
___ New Service ___ 1-99 amps \$ 65.00 ___ 100-199 amps \$ 65.00 ___ 200-299 amps \$ 70.00 ___ 300-400 amps \$ 100.00 ___ Over 400 amps \$ 115.00 Plus \$15.00 _____ Total Fee for each Additional 100 amps		___ Service Change ___ 1-200 amps \$ 65.00 ___ 201-400 amps \$ 65.00 ___ Over 400 amps \$ 70.00 _____ Total Fee ___ Fire Alarm \$ 87.50 ___ Tentative Final Inspection \$ 15.00 ___ Construction Saw Pole \$ 15.00 ___ Unclassified Work \$ 62.50	
Minimum Fee \$ 65.00 Reinspection Fee \$ 75.00		Failure to Obtain Permit \$ 250.00 Extra Inspection Fee \$ 75.00 (Minimum two hour charge after normal working hours)	
_____ Total Fees			

I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I further understand that this is not an authorization to begin work. **Work may only commence after approval and issuance of the permit.**

Owner/Applicant Signature

(Do not write below this line. For office use only)

Received by _____ Approved by _____ Date Approved _____

Revised 7/06